

# CENTERVILLE SCHOOL DISTRICT 60-1



610 Lincoln St., Box 100 Centerville, South Dakota 57014 (605) 563-2291 Fax (605) 563-2615

March 30, 2001

DOCKET FILE COPY ORIGINAL

Federal Communications Commission Office of the Secretary 445 - 12th Street, S.W. Room TW-A325 Washington, DC 20554

RE: CC Docket Nos. 96-45 and 97-21

FCC MARL ROOM

RECEIVED

9 2001

To Whom It May Concern:

I am writing on behalf of the Centerville School District, located in Centerville, South Dakota to appeal a funding commitment Decision that appears to be erroneous. My appeal relates to the following:

Billed Entity Applicant name: Centerville School District 60-1

Funding Request Number: Not Assigned

Service Provider Identification Number: 143009956 Service Provider Name: Fort Randall Telephone Co.

Percent Discount: 60%

Funding Commitment Request: \$936.00 Form 471 Application Number: 199778

Contact Name: Doug Voss

Contact Phone Number: 605/563-2291 Contact Fax Number: 605/563-2615 Contact Email Address: dvoss a dtgnet.com

Billed Entity Applicant Name: Centerville School District 60-1

Funding Request Number: Not Assigned

Service Provider Identification Number: 143008756

Service Provider Name: Cellular One

Percent Discount: 60%

Funding Commitment Request: \$111.10 Form 471 Application Number: 199778

Contact Name: Doug Voss

Contact Phone Number: 605/563-2291 Contact Fax Number: 605/563-2615 Contact Email Address: dvoss à dtgnet.com

The reason given for the above denials is that Block 5, Item 11 Category of Service is blank. In support of this appeal I enclose the following:

- Photocopy of the incorrect Form 471, Block 5's and corrected copies of the Form 471, Block 5's that had been previously mailed to SLD.
- Photocopy of Attachment 2 and Attachment 3 from the original Form 471. These attachments clearly state what those services are.
- Photocopy of the denial letter from SLD.

No. of Copies rec'd\_ LISTA B C D E

Page 2 Centerville School District March 30, 2001

Thank you for your attention to this matter.

-

Sincerely,

Doug Voss J Superintendent



## Universal Service Administrative Company

Schools & Libraries Division

#### Administrator's Decision on Appeal - Funding Year 2000-2001

March 19, 2001

Doug Voss Centerville School District 60-1 610 Lincoln Street, Box 100 Centerville, SD 57014 RECEIVED

APR 9 2001

PCC MAIL ROOM

Re:

Billed Entity Number:

134062

471 Application Number:

199778

Funding Request Number(s):

2 FRN's Not Assigned

Your Correspondence Dated:

June 12th, 2000

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Three Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number:

2 FRN's Not Assigned

Decision on Appeal:

Denied in full

Explanation:

- Your appeal requests that the SLD consider your request for funding.
- Your request did not meet the program's minimum processing standards because Items 11 (Category of Service) of Block 5 was left blank. This is a violation of the program's minimum processing standards. Therefore, we were unable to process your requests, and they were returned to you. Unfortunately, the SLD is unable to waive the minimum processing standards. Consequently, your requests will not be data entered and consider for funding, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12<sup>th</sup>

Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <www.universalservice.org>. You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

F	CC	Form	471
	$\sim$	1 0111	, ,

Do not write in this area.

Approval by OMB 3060-0806

# Schools and Libraries Universal Service Services Ordered and Certification Form 471

RECEIVED

Estimated Average Burden Hours Per Response: 4 hours

9 2001

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for service CO MAIL POOM

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)

•		int's Form Iden					Application #					
		k 1: Billed			ion							
			(The "Bill	ed Entity" is the e	ntity paying the	bills for the se	ervices listed on	this form.)				
1	Na	me of Billed Entity	(30 charac	ters max.) Cente	rville School l	District 60-1						
2	Fu	nding Year: July 1	, <u>2000                                  </u>	hrough June 30,	2001	3 Entity N	umber (up to 10	digits) 134062				
4a	Stn	eet Address, P.O.	Box,									
	Or	Route Number		610 Lincoln S	treet							
	City	y Centerville	· <del>-</del> "	- <del>-</del>	State SD		Zip Code	57014 - 0100				
ь	Tek	ephone Number (*	10 digits + e	ext.)	(605_) 563	- 2291	ext.					
С		Number (10 digits		(605 ) 563								
d		nail Address (50 cl		nav ) dvoss@dto				<del></del>				
5		e of Applicant	X	Individual School		or non-public :	school)					
	,	,,,	Ä	School District	(LEA; public or non-public (e.g., diocesan) local district representing multiple schools)							
				Library	(including library	(including library system, library branch, or library consortium applying as a library)						
			ō	Consortium	(intermediate se	rvice agencies,	states, state netwo	rks, special consortia)				
					Check here if a	any members of thi	s consortium are inefigi	ble non-governmental entities.				
6a	Cor	ntact Person's Nan	ne Doug V	/oss								
		t, fill in every iten			mation below	that is differe	ent from Item 4,	above.				
	The	n check the box r	next to the p	preferred mode of	contact. (At lea	st one box M	UST be checked	i.)				
b		Street Address,	P.O.						-			
		Box, or Route No	umber									
		City			State		Zip Code					
:	$\boxtimes$	Telephone Numb	ber (10 digi	ts + ext.)	(605 ) 56	3 - 2291	ext.					
i		Fax Number (10	digits)		( )							
<b>;</b>		E-mail Address (	50 characte	ers max.)			· · · · · · · · · · · · · · · · · · ·	,,				
	Holid	day/vacation conta	act informat	ion (optional): 60	5-563-2194							
310	ock	2: Minor	Modifi	cation to	Existing	Contra	ct?		1			
		Check ONLY if th	nis Form 47	1 represents a mi	nor modification	, such as a m	odification of se	rvices, to a contract included	- 1			
		in a Form 471 for	which you	already have a Re	eceipt Acknowle	dgement Lett	er. Provide the d	lata requested below,	ı			
		attach a Descripti	ion of Servi	ces highlighting th	ne modified serv	ice, and sign	Block 6.		ľ			
		Form 471 Applic	cation#:			Funding Req	uest Number:		—			
M	inor r	modification requ	uests can l	be filed MANUAL	LY only. Pleas	se see www.	ے sl.universalsen	vice.org for filing instruction	ns.			

	ity Number 134062 Application Doug Voss Phone N	Applicant's Form Identifier <u>C'SD</u> Phone Number 605-563-2291					
BI	lock 3: Impact of Services Ordered in THIS Application	on					
8	Please provide your best estimate of the number of people who will be served I districts complete 8a. Libraries complete 8b. Consortia complete Sa and/or 8b.	<del>-</del>	n 471. Schools/school				
a	Number of students to be served 305 b Number of library patr	rons to be served					
9	The following questions seek summary outcome information based on the service only those rows that are relevant to THIS application.	vices ordered in this Form 471 application	ո. Please complete				
	IF THIS APPLICATION INCLUDES	BEFORE ORDER	AFTER ORDER				
а	(SchoolsIdistrictsIconsortia only) Telephone service: How many classrooms had phone service before a	and after your order'?	21				
b	High-bandwidth voiceldatalvideo service: How many buildings served before and after your order?	1	1				
С	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	153	153				
d	Dial-up Internet connections: How many before and after your order?	0	0				
е	Dial-up Internet connections: Highest speed before and after your order?	0	0				
f	Direct connections to the Internet: How many before and after your order?	1	1				
9	Direct connections to the Internet: Highest speed before and after your order?	ТІ	T1				
h	Internet access (for schools): How many rooms have Internet access before and after your order?	: /37	41				
ı	Internet access (for libraries): How many buildings have Internet access before and after your order?	0	0				
i	Internet access: How many computers (or other devices) with Internet access before and after your ord	der? 100	106				
k	Other technology outcomes: (please specify):	0	0				
The on	Flock 4: Discount Calculation Worksheets (pages 3a, e following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your the type of applicant you are, the number of sites you represent, and how services will lif you are an individual school or a school district, use Worksheet A (page 3a) if you are a library (system and/or outlet), use Worksheet B (page 3b)	r discount for services. You will complete on					
	If you are a consortium, use Worksheet C (page 3c), and include as many Workshe	eets A and B					

Entity Number 134062 Contact Person Doug Voss	Applicanfs Form Identifier CSD Phone Number 605-563-2291	
Block 4: Discount Calcul	ation Worksheet A	Worksheet #Aı
for Individual So	chools/School Districts	Page <u>l</u> A
	istricts use this worksheet to calculate the discount rate for he weighted average discount calculations for shared services.	of <u>1</u>
10a Checkonlyone:  Applying ONLY for an individual school, or pages as needed. Then use each school's Applying for discounts on services shar Complete all columns 1-8 for all schools in Applying for discounts on different share.	or ONLY site-specific services: Complete columns 1-7 only for each school, Add as Entity Number and its discount from Column 7 to complete Block 5 site-specific serviced by ALL schools in the district (with or without site-specific services as well) the district. Then use the Weighted Average Discount in 10c (below) to complete Block services shared by different groups of schools (with or without site-specific 1-8 PLUS I Oc, for EACH different group of schools sharing a service. Designate this	vice to that school. ): ock 5 for shared services. c services as well):

10b List entities and calculate discount(s).

1	2	3	4	6		7	8	
Name of School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 - Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	
Centerville School District	134062	R	305	72	24%_	60%		
District Totals for calculating Weighted Average Discount				_				
10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)								

Entity Number  Contact Person	Applicant's Form Identifier Phone Number	
Block 4: Discount Calculation	on Worksheet B	Worksheet #B
For Libraries (Outle	ets and Systems)	Page
based on school district(s) in which they are loca  10a Check only one:  Applying for discounts ONLY for one site (such complete columns 1-5 only for each site. Attach a Applying for discounts on services shared by Applying for discounts on different shared services.	th as a library system that is all on one site) or ONLY for site-specific ser	well): Complete columns 1-5 PLUS 10c (belov)
10b List entities and calculate discount(s).		
1	2 3 4	5

1	2	3	4	5
Name of Library System (if all on one site) or Individual Library Outlets (if multiple sites)	Entity Number for each site listed in Column 1 (1-10 digits)	Urban or Rural U or R	Name of School District in which site in Column 1 is located	Weighted Average Discount for the School District in Column 4 (round to nearest %)
·				

Entity NumberContact Person	Appli Phon										
for Consortia Instructions: Consortium applicants use this wo Please provide Worksheets A and/ 10a Check only one: Applying for discounts ONLY on site-specific service Applying for discounts on services shared by ALL of Complete columns 1-4 PLUS 10c, below. Applying for discounts on different shared services	Please provide Worksheets A and/or B for back-up documentation.  Check only one: Applying for discounts ONLY on site-specific services: Complete columns 1-4 only. Add and number pages as needed. Applying for discounts on services shared by ALL members (with or without site-specific services as well): Complete columns 1-4 PLUS 10c, below.  Applying for discounts on different shared services shared by different groups of consortium members: Please complete one worksheet, columns 1-4 PLUS 10c, for each group of sharing entities. Designate this worksheet C-1, C-2, C-3, etc.										
10b List entities and calculate discount(s).	2	3		4							
ELIGIBLE MEMBER ENTITIES  Name of each individual school, school district and/or library/library system in consortium	ENTITY NUMBER For each entity listed in Column 1	URBAN/RURAL U or R	Individual School: School District: Weighted ave	ENTITY DISCOUNT Individual School: Discount from Worksheet A School District: Weighted average discount calculated in Worksheet A Library System: Discount calculated in Worksheet B							
Totals for calculating Shared Discount											
10c Shared Discount % (Col. 4 total divided by # of sites in Col. 1. Rour	nd to nearest %)										

Entity Numb <u>er</u> Contact Person	134062 Doug Voss				Applicants Form Identifier CSD Phone Number 605-563-2291						
I <b>nstructions</b> : Us		ge for EACH se	rvice (Fundand numbe	Jest(s) ding Request Numbe er the completed pag e mWan <del>ad</del> by	es to assure th	at they are all	ng discounts.	Block 6, pag	je <u>1</u>	of <u>4</u>	
	rvice (only ONE cate	gory should be chec			15 Contract Nu		e, if tarrffed	"MTIVI" 10-	Γ		
Pare Telecommun	nications Service	O Internet Acce	ss 0 int	ernal Connections			.g., billed telephone n				
12 Form 470 A	pplication Numb	per (15 digits) 3	71800002				midd/yyyy, based on				
SPIN -Sen	vice Provider			18 Contract Av	vard Date (mm	/dd/yyyy) 12/28/99					
ldentification Number (9 digits) 143005135					19 Service Start Date (mmidd/yyyy) 07/01/2000						
14 Service Pro	ovider Name D	akota Telecomm	unications	Group	20 Contract Ex	piration Date	(mmldd/yyyy) 06/3	0/2001			
This Servi	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # 1  Attachment # 1										
Entity/Enti Receiving	ities This Service:	this service 13	4062	cific (provided to one		•	•		entity from	Block 4 receiving	
23 Calculatio								•		·	
		Recurring Cha				ne-Time Cha			Total Cha		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	E Annual pre-discount \$ amount for eligible recurring charges (D x C)	F Annualnon- recurring (one- time) \$ charges	G How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	t Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	K Funding Commitment \$ Request (Jx1)	
\$120	0	\$120	12	\$1440				\$1440	60%	\$864	

DAKOTA TELECOMMUNICATIONS GROUP-----LONG DISTANCE SERVICE

\$120 PER MONTH---TOTAL YEARLY CHARGE=\$1440

Entity Numb <u>er</u> Contact Person	134062 Doug Voss				Applicants Phone Nu	Form Identifier mber 605-50	CSD 53-2291			
I <b>nstructions:</b> Us	· · · · · · · · · · · · · · · · · · ·	ge for EACH se	rvice (Fund and numbe	Jest(s) ding Request Numbe er the completed pag e mWan <del>ad</del> by	es to assure th	at they are all	ng discounts.	Block 6, pag	e <u>2</u>	of <u>4</u>
	rvice (only ONE cate	gory should be chec			15 Contract Nu		le, if tarrffed	"MTM" to-	итм	
O Telecommunications Service O Internet Access O internal Connections							.g., billed telephone n			
12 Form 470 A	pplication Numb	per (15 digits) 3	171800002				nmidd/yyyy, based on			
SPIN -Service Provider					18 Contract Av	vard Date (mm	/dd/yyyy) 12/28/99			
13 Identification Number (9 digits) 143009956					19 Service Start Date (mmidd/yyyy) 07/01/2000					
	ovider Name Fo		ohone Co.		20 Contract Expiration Date (mmldd/yyyy) 06/30/2001					
	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment #2									
Entity/Enti Receiving	ities This Service:	this service 13	4062	cific (provided to one by all entities on a Bl		-			entity from	Block 4 receiving
23 Calculatio						T: 01				·
		Recurring Cha				ne-Time Cha			Total Cha	argesK
A Monthly \$ charges (total amount per month for service)	B How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	F Annualnon- recurring (one- time) \$ charges	G How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	t Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$  Request (JxI)
\$130	0	\$130	12	\$1,560	0	0	0	\$1,560	60%	\$936

FORT RANDALL TELEPHONE COMPANY----BASIC PHONE SERVICE

\$130 PER MONTH---TOTAL YEARLY CHARGE=\$1560

Entity Numb <u>er</u> Contact Person	134062 Doug Voss				Applicants Phone Nur	Form Identifier nber 605-50	CSD 53- <b>22</b> 91			
nstructions: Us		ge for EACH se	rvice (Fundand numbe	uest(s) ding Request Numbe er the completed page e mWan <del>ad</del> by	es to assure th	at they are all	ng discounts.	Block 6, pag	e <u>3</u>	of <u>4</u>
_	rvice (only ONE cate		cked)		15 Contract Nu		le, if tarrifed	*MTM* 10-	мтм	
O Telecommun	ilcations Service	O Internet Acce	ss 0 int	ernal Connections			.g., billed telephone n			
12 Form 470 A	plication Numb	<b>per</b> (15 digits) 31	171800002	56115	17 Allowable Co	ontract Date (n	nmidd/yyyy, based on	Form 470 filing) 1	2/28/99	
. SPIN -Serv	ice Provider			<del></del>	18 Contract Av	vard Date (mm	/dd/yyyy) 12/28/99			
identification Number (9 digits) 143008756					19 Service Start Date (mmidd/yyyy) 07/01/2000					
14 Service Pro	ovider Name Co	ellular One			20 Contract Ex	piration Date	(mmldd/yyyy) 06/3	0/2001		
This Service	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment #3  a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving									
	This Service:	this service 13.		by all entities on a Bl	ock 4 workshe	et, list the wor	ksheet number (e	g., A-1):		
23 Calculation	-	Recurring Cha	race		l Or	ne-Time Cha	irnes		Total Cha	orage.
<u> </u>	В	c c	nges D	E	F	G G	н	ī	i	K K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annualnon- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$  Request (JxI)
<b>\$</b> 15.43	0	\$15.43	12	\$185.16				\$185.16	60%	\$111.10

CELLULAR ONE----BASIC PHONE SERVICE

\$15.43 PER MONTH---TOTAL YEARLY CHARGE=\$185.16

Entity Numb <u>er</u> Contact Person	134062 Doug Voss				Applicants Phone Nur	Form Identifier nber 605-50	CSD 53-2291			
Instructions: Us										
	rvice (only ONE cate	gory should be ched		Z IIIV VAII AA DY	15 Contract Nu	mber (d availab	e, il tarrifed	"MITM" to-	C117C0 N	
_	nications Service			ernal Connections		ribed Instructions) unt Number (e	g., billed telephone n		1611760 M	TIM
12 Form 470 A	pplication Numb	per (15 digits) 31	71800002				midd/yyyy, based on			
SPIN -Service Provider							/dd/yyyy) 12/28/99			
13 Identification Number (9 digits) 143002229					19 Service Start Date (mmidd/yyyy) ()7/01/2000					
	ovider Name D		Group	20 Contract Ex	piration Date	(mmldd/yyyy) 06/3	0/2001			
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment #4  22 Entity/Entitles  Attachment # a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service 134062										
Receiving	This Service:	b. If the service	is shared	by all entities on a Bl	ock 4 workshe	et. list the wor	ksheet number (e	.a., A-1):		
23 Calculatio	ns	Recurring Cha				ne-Time Cha			Total Cha	arges
	В	С	D	E	F	G	Н	I	i	К
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annualnon- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request ( J x I )
\$1,758	0	\$1,758	12	\$21,096				\$21,096	60%	\$12,657.60

DAKOTA TELECOMMUNICATIONS GROUP--LONG DISTANCE LEARNING SERVICE/INTERACTIVE VIDEO DATA LINKS

\$1758 PER MONTH--TOTAL YEARLY CHARGE=\$21.096

Entity Number	3400.	F11 Cani S norm idenimer CSD	
		Phone Number 605-563-2291	
Block	6: Certifications and S	Signature	
24 The app	plicant is eligible for support because it inc schools under the statutory definitions and Secondary Education Act of 1965 profit businesses and do not have end libraries or library consortia eligible for Library Services and Technology Act of	cludes: (Check one or both.) s of elementary and secondary schools found in the Ele s, 20 U.S.C. Sees. 8801(14) and (25), that do not operation of the elements exceeding \$50 million; and/or or assistance from a state library administrative agency of 1996 that do not operate as for-profit businesses and any schools, including, but not limited to, elementary	ate as for- under the d whose
tra	·	secured access to all of the resources, including complical connections necessary to make effective use of the scounted charges for eligible services.	
26 All of the	higher-level technology plan(s) for usin	consortia listed in Block 4 are covered by: If the services requested in this application; and/or Ing the services requested in this application; or If the services requested in this application; or If the services and long distance telephone service only	South Dakota State Dept. of Ed. & Cultural Affairs
27 Status o	of technology plans (if representing multipl	le entities with mixed technology plan status, check bo	oth a and b):
<b>b</b> [	technology plan(s) has/have been appr technology plan(s) will be approved by no technology plan needed; applying fo		
	certify that the entities eligible for support t nd local laws regarding procurement of ser	that I am representing have complied with all applicable rvices for which support is being sought.	e state
us		hases at discounts provided by 47 U.S.C. Sec. 254 will not be sold, resold, or transferred in consideration fo	
	• • • • •	omplied with all program rules and I acknowledge that ding and/or cancellation of funding commitments.	failure
en		shared services is conditional, for future years, upon ols and libraries that are treated as sharing in the servi on those services.	ce,
	recognize that I may be audited pursuant to orksheets and other records that I rely upon	o this application and will retain for five years any and on to fill out this application.	all
ex		equest on behalf of the above-named entities, that I hay knowledge, information, and belief, all statements of	
24 Sizz===	10 1 /AT		
34 Signatu	ire Douglast	35 Date 1/14/2000	
36 Printed	name of authorized person Doug Vo	oss	
37 Title or p	position of authorized person Superin	ntendent	
38 Telepho	one number of authorized person: ( 4	605_ ) _5632291 , ext.	
ersons willfu	ully making false statements on this form ca	an be punished by fine or forfeiture, under the Commun	ications Act,

Entity Number	134062	Applicant's Form identifier	CSD
Contact Person _	Doug Voss	Phone Number	605-563-2291
1			

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471 c/o Ms. Smith 3833 Greenway Drive Lawrence Kansas 66046 (888) 203-8100

CLARECT HIPLICATION

FCC Form 471

Approval by OMB

3060-0806

# Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and est

ch	arge	s for them so that t Please read		dministrator can so s before beginning the					
		nt's Form Ident ur own code to identify					Application if		
ВІ	ocl	k 1: Billed	-	Informatied Entity" is the en		bills for the se	rvices listed on	this form.)	
1	Na	me of Billed Entity	(30 charac	ters max.) Center	ville School	District 60-1			
2	Fur	nding Year: July 1,	2000 U	hrough June 30, 2	001	3 Entity Nu	ımber (up to 10	digits) 134062	
4a	Stre	eet Address, P.O. f	Box,						
	or	Route Number		610 Lincoln St	reet			-	
İ	City	, Centerville			State SD		Zip Code	57014 - 01	00_
b	Tek	ephone Number (1	0 digits + e	ext.)	(605_) 563	- 2291	ext.	_	
С	Fax	Number (10 digits	)		(605_) 563	- 2615			
d	E-m	nail Address (50 ch	aracters m	ax.) dvoss@dtgr	net.com				
5		e of Applicant	×	Individual School		c or non-public s	chool)		
			Ī	School District	(LEA; public or r	non-public (e.g.,	diocesan) local dis	strict representing m	ultiple schools)
				Library	(including library	system, library	branch, or library o	consortium applying	as a library)
				Consortium	(intermediate se	rvice agencies,	states, state netwo	orks, special consort	ia)
					Check here if	any members of this	consortium are ineligi	ble non-governmental e	ntities.
6a		ntact Person's Nam							
		t, fill in every item							
		n check the box n	ext to the p	rererrea mode or o	contact. (At lea	STONE DOX M	US I DE CHECKE	3.)	<del></del>
b		Street Address, F	P.O.						
		Box, or Route Nu	mber	·					
	_	City			State		Zip Code		
С	$\boxtimes$	Telephone Numb	er (10 digit	s + ext.)	(605 ) 56	3 - 2291	ext.		
d		Fax Number (10 c	digits)		()	·			
е		E-mail Address (5	0 characte	ers max.)					
f	Holic	day/vacation conta	ct informati	ion (optional): 605	-563-2194				
BIO	ck	2: Minor I	Modifi	cation to	Evictina	Contra	A+2		
7 I					_			<b>-</b>	
,				1 represents a mir					
				already have a Re ces highlighting th				iata requested be	;iow,
		Form 471 Applic	_			Funding Requ		<del></del>	<del></del>
Mi	nor r	modification requ		e filed MANUAL		_	L.	vice.org for filin	g instructions.

Entity Number 134062 Contact Person Doug Voss	Applicant's Form Identifier CSI Phone Number 605-563-2291	D I	
Block 3: Impact of Services Ordered in Tl  Please provide your best estimate of the number of people districts complete 8a. Libraries complete 8b. Consortia con	who will be served by all of the service	es ordered in THIS For	m 471. Schools/school
a Number of students to be served 305  The following questions seek summary outcome information only those rows that are relevant to THIS application.	b Number of library patrons to be served on based on the services ordered in thi	is Form 471 application	ı. Please complete
IF THIS APPLICATION INCLUDES		BEFORE ORDER	AFTER ORDER
a (SchoolsIdistrictsIconsortia only) Telephone service: How many classrooms h	ad phone service before and after your order'?	0	21
b High-bandwidth voiceldatalvideo service: How many buildings served before	and after your order?	1	1
C High-bandwidth voice/data/video service: Highest speed to a building before	and after your order?	153	153
d Dial-up Internet connections: How many before and after your order?		0	0
e Dial-up Internet connections: Highest speed before and after your order?		0	0
f Direct connections to the Internet: How many before and after your order?		1	1
9 Direct connections to the Internet: Highest speed before and after your order	?	Tl	Tl
h Internet access (for schools): How many rooms have Internet access before	and after your order?	37	41
Internet access (for libraries): How many buildings have Internet access before	ore and after your order?	0	0
Internet access: How many computers (or other devices) with Internet access	s before and after your order?	100	106
k Other technology outcomes: (please specify):		0	0
Block 4: Discount Calculation Worksheet The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for us on the type of applicant you are, the number of sites you represent If you are an individual school or a school district, use Worksh  O if you are a library (system and/or outlet), use Worksheet B (p  O if you are a consortium, use Worksheet C (page 3c), and inclinations.	se in calculating your discount for service, and how services will be provided to thos heet A (page 3a) page 3b)	-	
as you need for back-up documentation.	due as many worksheets A and D		

Entity Number 134062 Applicanfs Form Iden Contact Person Doug Voss Phone Number 605-563	ifier CSD 2291
Block 4: Discount Calculation Worksheet A	Worksheet #A-1
for Individual Schools/School Districts	Page 1
Instructions: Individual Schools/School Districts use this worksheet to calculate the site-specific services and/or to determine the weighted average discount calculation	
10a Checkontyone:  Applying ONLY for an individual school, or ONLY site-specific services: Complete column pages as needed. Then use each school's Entity Number and its discount from Column 7 to a Applying for discounts on services shared by ALL schools in the district (with or without Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discounts on different shared services shared by different groups of schools Please complete one worksheet, columns 1-8 PLUS I Oc, for EACH different group of schools	omplete Block 5 site-specific service to that school. t site-specific services as well): unt in 10c (below) to complete Block 5 for shared services. Is (with or without site-specific services as well):

10b List entities and calculate discount(s).

1	2	3	4	6		7	8
Name of School	Entily Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 - Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
enterville School District	134062	R	305	72	24%	60%	
District Totals for calculating Weighted Average Discount				J			

Entity Number Contact Person	Applicant's Form Identifier Phone Number	
Block 4: Discount Calculation Work	sheet B	Worksheet #B
For Libraries (Outlets and	Systems)	Page <b>↑</b>
Instructions: Libraries use this worksheet to calculate the dibased on school district(s) in which they are located.	scount rate(s) for their systems and outlets	of
10a Check only one:  Applying for discounts ONLY for one site (such as a library system of the columns 1-5 only for each site. Attach and number addidapplying for discounts on services shared by ALL sites in library applying for discounts on different shared services that are a Please complete one worksheet, columns 1-5 PLUS 10c, for EAC	illonal pages as needed.  rary system (with or without site-specific services as with shared by different groups of sites/outlets:	vell): Complete columns 1-5 PLUS 10c (below).

10b List entities and calculate discount(s).

1 26.5	2	3	4	5
Name of Library System (if all on one site) or Individual Library Outlets (if multiple sites)	Entity Number for each site listed in Column 1 (1-10 digits)	Urban or Rural U or R	Name of School District in which site in Column 1 is located	Weighted Average Discount for the School District in Column 4 (round to nearest %)
System Totals for calculating Shared Discount				
10c Shared Discount % (Col. 5 total d	ivided by # of sites in Col.	1. Round to	o nearest %)	

Intity NumberContact Person	Appli Phon	icant's Form Identifier ne Number	
Block 4: Discount Calculation for Consortia	on Worksheet C		Worksheet #C
nstructions: Consortium applicants use this won Please provide Worksheets A and/ 10a Check only one: Applying for discounts ONLY on site-specific service Applying for discounts on services shared by ALL Complete columns 1-4 PLUS 10c, below. Applying for discounts on different shared services Please complete one worksheet, columns 1-4 PLUS 10c.  10b List entities and calculate discount(s).	or B for back-up documentation ces: Complete columns 1-4 only. Add members (with or without site-specions shared by different groups of cons	n. and number pages as ne lfic services as well): sortium members:	eligible members' discounts.  Of
1	2	3	4
ELIGIBLE MEMBER ENTITIES  Name of each individual school, school district and/or library/library system in consortium	ENTITY NUMBER For each entity listed in Column 1	URBAN/RURAL U or R	ENTITY DISCOUNT Individual School: Discount from Worksheet A School District: Weighted average discount calculated in Worksheet A Library System: Discount calculated in Worksheet B
	The second secon	A STATE OF THE STA	
Totals for calculating Shared Discount		<b>建筑建筑</b>	
<b>10c Shared Discount %</b> (Col. 4 total divided by # of sites in Col. 1. Rour	nd to nearest %)		

Entily Numb <u>er</u> Contact Person	134062 Doug Voss				Applicants Phone Nu	Form Identifier	. <u>CSD</u> 63-2291			
Instructions: Us		ge for EACH se	rvice (Fundand number	ding Request Numbe er the completed pag	es to assure th	at they are all	ng discounts.	Block 6, pag ctly. —	je <u>1</u>	of <u>4</u>
11 Category of Service (only ONE category should be checked)  15 Contract Number (d available, if tarrified 'MIM' to described Instructions)  T										
* Telecommur	nications Service	U Internet Acce	ss U int	ernal Connections	16 Billing Acco	unt Number (e	.g., billed telephone r	number) 605563	2291	
12 Form 470 A	pplication Numb	per (15 digits) 3	171800002	56115	17 Allowable Co	ontract Date (n	nmidd/yyyy, based on	Form 470 filing)	2/28/99	
SPIN -Ser	vice Provider				18 Contract Av	vard Date (mm	/dd/yyyy) 12/28/99	)		
Identificati	on Number (9 dig	jits) 143005135			19 Service Sta	rt Date (mmid	d/yyyy) 07/01/2000	0		
14 Service Pro	14 Service Provider Name Dakota Telecommunications Group  20 Contract Expiration Date (mmldd/yyyy) 06/30/2001									
21 Descriptio This Servi	n of ce:	description with Attachment#_	an Attachi	ption of the service, ment #, and note nun cific (provided to one	nber in space p	orovided below	J.			
Entity/Enti Receiving	ities This Service:	this service 13	4062	by all entities on a Bl	<del></del>	•	•		····-	
23 Calculatio		)				ne-Time Cha		· ·	T : 101	
		Recurring Cha		E					Total Cha	arges K
Monthly \$ charges (total amount per month for service)	B How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	F Annualnon- recurring (one- time) \$ charges	G How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	K Funding Commitment \$ Request (JxI)
\$120	0	\$120	12	\$1440				<b>\$</b> 1440	60%	\$864

DAKOTA TELECOMMUNICATIONS GROUP----LONG DISTANCE SERVICE

\$120 PER MONTH---TOTAL YEARLY CHARGE=\$1440

Entity Numb <u>er</u> Contact Person					Applicants Phone Nu	Form Identifier	CSD 63-2291			
nstructions: Us		ge for EACH se	rvice (Fund and numbe	Jest(s) ding Request Numbe er the completed pag e mWan <del>ad</del> by	es to assure th	at they are all	ng discounts.	Block 6, pag	e <u>2</u>	of <u>4</u>
	rvice (only ONE cate	• .	:ked)		15 Contract Nu		le, if tarrffed	'MTM' to-	мтм	
Telecommun	nications Service	O Internet Acce	ss 0 int	ernal Connections			.g., billed telephone n			
12 Form 470 A	pplication Numb	per (15 digits) 3	71800002	56115	17 Allowable Co	ontract Date (n	nmidd/yyyy, based on	Form 470 filing) 1	2/28/99	
SPIN -Ser	vice Provider				18 Contract Av	vard Date (mm	/dd/yyyy) 12/28/99			
Identificati	on Number (9 dig	gits) 143009956		Ī	19 Service Sta	rt Date (mmid	d/yyyy) 07/01/2000			
14 Service Pro	ovider Name Fo	ort Randall Tele	ohone Co.		20 Contract Ex	piration Date	(mmldd/yyyy) 06/3	0/2001		
21 Descriptio This Servi	n of ce:		an Attachr	ption of the service, ment #, and note nun	_			ts, plus any ref	evant bran	d names. Label this
Entity/Ent Receiving	ities This Service:	this service 13	4062	cific (provided to one		·	•		entity from	Block 4 receiving
23 Calculatio						T: 01		•		
		Recurring Cha				ne-Time Cha			Total Cha	argesK
Monthly \$ charges (total amount per month for service)	B How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	F Annualnon- recurring (one- time) \$ charges	G How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	I Total program year pre-discount \$ amount (E + H)	# discount (from Block 4 Worksheet)	Funding Commitment \$  Request (JxI)
\$130	0	\$130	12	\$1,560	0	0	0	\$1,560	60%	\$936

FORT RANDALL TELEPHONE COMPANY----BASIC PHONE SERVICE

\$130 PER MONTH---TOTAL YEARLY CHARGE=\$1560

Entity Number Contact Person	134062 Doug Voss	Applicants Form Identifier CSD Phone Number 605-563-2291								
instructions: Us		ge for EACH ser	rvice (Fund and numbe	ding Request Number the completed pag	es to assure th	at they are all	ng discounts.	Block 6, pag	e <u>3</u>	of <u>4</u>
11 Category of Service (only ONE category should be checked)  15 Contract Number (d available, if tairfied "MTM" to-  described instructions)  MTM										
₩ Telecommur	ications Service	O Internet Acce	ss 0 int	ernal Connections	16 Billing Acco	unt Number (e	.g., billed telephone n	umber) 0001664	1491	
12 Form 470 A	oplication Numb	oer (15 digits) 31	71800002	56115	17 Allowable Co	ontract Date (m	midd/yyyy, based on	Form 470 filing) 1	2/28/99	
13 SPIN -Ser	vice Provider				18 Contract Av	vard Date (mm	/dd/yyyy) 12/28/99			
' Identificati	on Number (9 dig	pits) 143008756			19 Service Sta	rt Date (mmide	<sup>1</sup> /уууу) 07/01/2000	)		
	ovider Name Co				20 Contract Ex	piration Date	(mmldd/yyyy) 06/3	0/2001		
21 Descriptio This Servi	n of ce:		an Attachr	ption of the service, ment #, and note nun				ts, plus any rel	evant brand	d names. Label this
Entity/Ent Receiving	tles This Service:	this service 13	4062	cific (provided to one by all entities on a Bl		•	•		entity from	Block 4 receiving
23 Calculatio		leaverine Cha				ne-Time Cha	raos	1	Total Ob	
ΑΑ	В	Recurring Cha	ges	E	F O	G G	nges н		Total Cha	rges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annualnon- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (JxI)
<b>\$1</b> 5.43	0	\$15.43	12	\$185.16				\$185.16	60%	\$111.10

CELLULAR ONE----BASIC PHONE SERVICE

\$15.43 PER MONTH---TOTAL YEARLY CHARGE=\$185.16

Entity Number Contact Person	Applicants Form Identifier         CSD           Ursen         Doug Voss         Phone Number         605-563-2291								•	
	e one Block 5 pa	ge for EACH se	vice (Fundand numbe	Jest(s) ding Request Numbe er the completed pag e mWan <del>ad</del> by	es to assure th	at they are all	ng discounts.	Block 6, pag	e <u>4</u>	of <u>4</u>
11 Category of Service (only ONE category should be checked)				15 Contract Number (d available, if tarrifed "MTM" to- described Instructions) 4611760 MTM						
<b>❸</b> Telecommunications Service O Internet Access O internal Connections					16 Billing Account Number (e.g., billed telephone number) 6055632291					
12 Form 470 A	pplication Numb	oer (15 digits) 31	71800002	256115	17 Allowable Contract Date (mmidd/yyyy, based on Form 470 filing) 12/28/99					
SPIN -Ser	vice Provider				18 Contract Award Date (mm/dd/yyyy) 12/28/99					
13 Identification Number (9 digits) 143002229					19 Service Start Date (mmidd/yyyy) 07/01/2000					
14 Service Provider Name Dakota Telecommunications Group					20 Contract Expiration Date (mmldd/yyyy) 06/30/2001					
21 Descriptio This Servi	n of ce:	description with Attachment # _	an Attachi 4	ption of the service, ment #, and note nun	mber in space p	provided below	1. ·			
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:    Receiving This Service:   134062										
23 Calculations  Recurring Charges					One-Time Charges			Total Charges		
^	В	c	D	Е	F	G	Н	1	i	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annualnon- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (JxI)
<b>\$</b> 1,758	0	\$1,758	12	\$21,096				\$21.096	60%	\$12.657.60

## DAKOTA TELECOMMUNICATIONS GROUP--LONG DISTANCE LEARNING SERVICE/INTERACTIVE VIDEO DATA LINKS

\$1758 PER MONTH--TOTAL YEARLY CHARGE=\$21,096

Cont3ct Person Doug Voss Phone Number 605-563-2291						
Block 6: Certifications and Signature						
24 The applicant is eligible for support because it includes: (Check one or both.)  schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Sees. 8801(14) and (25), that do not operate as forprofit businesses and do not have endowments exceeding \$50 million; and/or  libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.						
The schools and libraries I represent have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.						
26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by: an individual technology plan for using the services requested in this application; and/or higher-level technology plan(s) for using the services requested in this application; or of Ed. & Cultural Affairs no technology plan needed-, applying for basic local and long distance telephone service only						
27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):  technology plan(s) has/have been approved.  technology plan(s) will be approved by a state or other authorized body.  no technology plan needed; applying for basic local and long distance telephone service only.						
I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.						
1 certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.						
I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.						
I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.						
I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.						
I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.						
4 Signature 35 Date 1/14/2000						
6 Printed name of authorized person Doug Voss						
37 Title or position of authorized person Superintendent						
8 Telephone number of authorized person: (_605) _5632291, ext.						
rsons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.						
0.0.0. Gets. 502, 505(b), or line or imprisonment under ritle 18 of the United States Code, 18 U.S.C. Sec. 1001.						

Entity Number	134062	Applicant's Form Identifier	CSD
Contact Person	Doug Voss	Phone Number	605-563-2291
_			

NCTICE TO INDIVIDUALS: Section 54,504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54,504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54,504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

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Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471 c/o Ms. Smith 3833 Greenway Drive Lawrence Kansas 66046 (888) 203-8100